

Paral 4 32/55/9038

For Ecology Use Fee Paid Date_7-1

State of Washington JUL 18 2005
Application for a Water Right
Please follow the attached instructions to avoid unnecessary colory spice.

Section 1. APP	LICANT	- I EKSO	1, 01011	8-1-6	TOO,	111-	-1-
Name Charle			DO BOX	John Tel:	(509)	145-0	0565
Mailing Address_	34 Mu		PO BOX	416 Work Tel:(
City USK	;	State Wa	Zip+4 <u>9918</u>	0 + 1/02 FAX:			
Section 2. CON		PERSON	TO CALI	ABOUT THE	APPL	ICATI	ON
Name				Home Tel:	()_		
Mailing Address				Work Tel:()_		
City	;	State	Zip+4	+ FAX:			
Relationship to applic							
Section 3. STA	TEMENT	LOE INT	VENZE				
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Check if the wa From Section 4. WA	ter use is prop	posed for a s	short-term proj		od of tim		
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\$3-30494 Appl. No.:

ECY 040-1-14 Rev. 7/97 * * f

APPLICATION

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
	willuse IHP 110 volT pump w/12 D discharge
	Live. The purp will be portable & Sitow existing Dock. Houses will be used For Fine protection & 1"& plastic Live will be used to Irrigate Ganden.
	existing Dock. Hluses will be used For Fine
	protestion & 110 plastic Line will be ased To
C.	Do you already have any water rights or claims associated with this property or system?
C.	PROVIDE DOCUMENTATION. We are not aware of any
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan. □ YES □ NC
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
Sec	etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Co	emplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: Acre
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use
C.	Total number of acres to be covered by this application: $\sqrt{2} Acre$
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only:
	‡ Acreage irrigated under water rights acquired after December 8, 1977;
	‡ Acreage proposed to be irrigated under this application;‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 6000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES X NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Se	ction 9. DRIVING DIRECTIONS See attached Map
Prov	ride detailed driving instructions to the project site. Take 211 North (Turn Left onto 211) ringing 2 from Spokane, 211 will'T" - go across hwy 20 to K. Co over pend Oreille River Bridge at Usk- Soon as ass the river-turn Rt-this is Leclere Gratkd. go about iles - Turn Rt. on Lenora Rd. make An immediate Let n- on Mun Ro Lane-go to end of rage-House on Left.
IF bi	ringing 2 From Spokane, 211 will'T" - go across hwy 20 t
Us	K. Co over Pend Oreille River Bridge at USK- Soon as
cr	oss the river-turn Rt-this is Leclere withdays about
3m	on Wings I go for I P some In mediate Let
J uni	ation 10 DECLUDED MAD
Se	ction 10. REQUIRED MAP
A.	Attach a map of the project. (See instructions.) See ATTached
Se	ction 11. PROPERTY OWNERSHIP
A.	Does the applicant own the land on which the water will be used? YES □ NO
	If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located? ✓ YES □ NO
Б.	If no, submit a copy of agreement:
T	
to pr	tify that the information above is true and accurate to the best of my knowledge. I understand that in order rocess my application, I grant staff from the Department of Ecology access to the site for inspection and
	itoring purposes. Even though I may have been assisted in the preparation of the above application by the loyees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.
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Appl	cicant (or authorized representative) Joseph Date
1 tppi	A Date /
	Dan + Stais Chalub. Estish 17as-
Land	owner for place of use (if same as applicant, write "same") Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Go to SPOKAWE, THEE 375 (DIDISION) IMMOUGH TOWN WORTH TO (US 2) TAKE US 2 TO (211) North (LEFT) TO USK.
21) will "T"AT USK TURN Right & Cross The
ON Leclerc creek Road. ~ 3 miles TURN Right on Lever Rd. Then AN emediate LEFT ON MUNRO LN. go to end OF Road, House ON LEFT UP A SMAll Hill.

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your	application by
	application by
Please provide the additional information requested above and return your	application by

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